Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD V. S. No. 1. N.B.

BINDING

FOR

RESERVED

MARGIN

PLACE OF DEATH	STATE OF MARYLAND
County Queen amis 21901	CERTIFICATE OF DEATH
County County	Parlametian Diet No. 2 J.3
α //	Registration Dist. No.
Village or City Cuester (No. , , ,	St.; Ward) [If death occurred in a hospital or institution,
	give its NAME Instead
2 FULL NAME dra ayteld	of street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Female Color or race Single, Married Widowed OR DIVORCED (Write the word)	16 DATE OF DEATH (Month) (Day) (Year)
6 DATE OF BIRTH	17 I HEREBY CERTIFY, That I attended deceased from
HATE. 14 1909	3 PM Dec / ,1915, to 420 PM Dec / ,1915,
(Month) (Day) (Year)	that I last saw her alive on Dec , 1915,
7 AGE . If LESS than	and that death occurred on the date stated above, at 422 Pm.
1 day, hrs.	The CAUSE OF DEATHy was as follows;
yrs. o mos. o ds. oR min.?	acute sudegostion
(a) Trade, profession, or	1
particular kind of work	V
(b) General nature of industry business, or establishment in	(Quration) yrs. mos. ds.
which employed (or employer)	Cantainutam orderulsiones
9 BIRTHPLACE (State or country)	Secondary Swammer
seur xeland	guration yrse mos /z de.
10 NAME OF FATHER 7	(Signed)
o theney oyum	Dec 2. 1915 (Address) & Laversville all.
Z OF FATHER (State or country) Maryland	*Santa the Drewage Carreing Drath or in deaths from Violent
12 MAIDEN NAME	CAUSES, State (1) MEANS OF INJURY; and (2) whether Accidental, Suicidal or Homicioal.
of MOTHER Josephine Gobrison	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS,
13 BIRTHPLACE	OR RECENT RESIDENTS) At place in the
OF MOTHER (State or country) Maryland	of deathyrsmosds. Stete,yrsmoeds. Where was disease contracted,
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	if not at piece of death?
Informant) Venry Mylew	Former or usual residence
(N) /- 20 0	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
(Address) Wesley, Ind.	al 1- 20 1 Azz 2 12 (-
15 Q - and f O - Th	220 UNDERTAKER / AODRESS
Fled DEC 2 -, 1915 J. C. Jomas	X 7 18 11
Local REGISTRAR	J. C. Thomas of surmivale
If more blanks are needed, address State Registrar,	16 W. Saratoga St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

write None. business, that fact may be indicated thus: Farmer (retired 6 yrs.). For persons who have no occupation whatever, state occupation at heginning of illness. If retired from or given up on account of the DISEASE CAUSING DEATH, engaged in domestic service for wages, as Servant, Cook Housemaid, etc. If the occupation has been changed taken to report specifically the occupations of persons employed, as At school or At home. Care should be wife, Housework, or At Home, and children, not gainfully who receive a definite salary), may be entered as Housethe duties of the household only (not paid Housekeepers precise specification as Day laborer, Farm laborer, Laborer of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more mobile factory. mill; (a) Salesman, (b) Grocery; (a) Foreman, only when needed. As examples: (a) Spinner, (b) Cotton business or industry, and therefore an additional line is provided for the latter statement; it should be used know (a) the kind of work and also (b) the nature of the especially in industrial employments, it is necessary to engineer, first line will be sufficient, e. g., Farmer or Planter, Physi-For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthful--Coal mine, etc. Women at home, who are engaged in Statement of Occupation-Precise statement of occupa-Compositor, Architect, Locomotive engineer, Civil eer, Stationary fireman, etc. But in many cases, The material worked on may form part (b) Auto-

Statement of Cause of Death—Name, first, the disease causing death—Name, first, the disease to time and eausation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic eerebrespinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia," menin-

on Nomenclature of the American Medical Association.) on statement of eause of death approved by Committee under the head of "Contributory." (Recommendations and consequences (e. g., sepsis, tetanus) may be stated suicide. The nature of the injury, as fracture of skull head-homicide; Poisoned by carbolic acid-probably Struck by railway train-accident; Revolver wound SUICIDAL, or HOMICIDAL, or as probably such, if impossible to determine definitely. Examples: Accidental drowning; state MEANS OF INJURY and qualify as ACCIDENTAL, surgical operation was undertaken. For violent deaths "PUERPERAL peritonitis," etc. State cause for which birth mus," genital," cause. Always qualify all diseases resulting from childetc., when a definite disease can be ascertained as the "Anaemia" (merely symptomatic), "Atrophy," lapse," "Conna," "Convulsions," "Debility" "Heart failure," "Haemorrhage," "Inanition," "Marassymptoms or terminal conditions, such as "Asthenia," chopmeumonia (secondary), 10 ds. Never report mere rent) affection need not be stated unless important cough; Chronic valvular heart disease; Chronic interstitial Example: Measles (disease causing death), 29 ds.; Bron-"Tumor" for malignant neoplasms); Measles; Whooping ges, peritonaeum, etc., Carcinoma, Sarcoma, etc., of..... (name origin; "Cancer" is less definite; avoid use of "Old Age," "Shock," "Uracmia," "Weakness, "Senile," etc.), The contributory (secondary or intercur-"Puerperal scptichaemia, "Dropsy," "Exhaustion," ("Con-



S. No. 1.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. PERMANENT RECORD PLAINLY, WITH UNFADING INK-THIS IS A WRITE

PLACE OF DEATH



STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No. 25

St.;....Ward)

[If death occurred in a hospital or Institution, give its NAME instead of street and nomber.]

FULL NAME SHAME SHAWYU	
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
SEX 4 COLOR OR RACE MARRIED, MISOMEO, ORDIVERSES (Write the word)	16 DATE OF DEATH (Month) (Day) (Year) 17 1 HEREBY CERTIFY, That I attended deceased from
ODATE OF BIRTH Southware (Month) (Day) (Year)	510- 1915 to 516- 13 - 1915; that I last saw h. Lam alive on 516-23 - 1915
1 day hre	and that death occurred on the date stated above, at 2 pc m. The CAUSE OF DEATH * was as follows:
(a) Trade, protession, er particular kind et work	(Duration) yrs mos ds.
9 BIRTHPLACE (State or country) 10 NAME OF FATHER 11 BIRTHPLACE OF FATHER (State or country) 2 (State or country) 2 (State or country) 2 (State or country) 3 Maiden NAME OF MOTHER	(Signed) (Ouration) (Signed) (Signed) (Address) (Address
13 BIRTHPLACE OF MOTHER (State or country) 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) At place In the of death yrs, mos, ds. Where was disease contracted, if not at place of death? former or
(Intermant) (Address) Dupliville Mill Flied Dig C 2 4 1915 Registran If more blanks are needed, address State Registran	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL 19 PLACE OF BURIAL OR REMOVAL 12/25// ,1915. 20 UNDERTAKER ADDRESS G. B. Franklin St., Balto, Requesting V. S. No. 1

[Approved by U. 8. Census and American Public Health Association.]

who have no occupation whatever, write None. cated thus: Farmer (retired 6 yrs.). For persons ness. If retired from business, that fact may be indi-CAUSINO DEATH, state occupation at heginning of illbeen changed or given up on account of the DISEASE Scrvant, Cook, Housemaid, etc. of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Care who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers minc, etc. Women at home, who are engaged in the fication, as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. The it should be used only when needed. additional line is provided for the latter statement; Civil engineer, Stationary freman, etc. But in many applies to each and every person, irrespective of age. tion is very important, so that the relative Leaithful-Housewife, Housework, or At Home, and children, not (a) Spinner, (b) Cotton mill; (a) Salesman, the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., For many occupations a single word or term on the ness of various pursuits can be known. The question Statement of occupation-Precise statement of occupa-Never return "Laborer," If the occupation has Farmer or Planter, As examples: "Foreman,"

Statement of cause of death—Name, first, the disease causino death—(the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid dineumonia"); Lobar pneumonia; Bronchopneumonia dineumonia," unqualified, is indefinite); Tuderculosis of lungs, meninges, peritonacum, etc.. Carcin-

cause of death approved by Committee on Nomencia. injury, as fracture of skull, and consequences (e. g., dent; Revolver wound of head-homicide; Poisoned such, if impossible to determine definitely. mia," "PUERPERAL pcritonitis," etc. childbirth or miscarriage, as "PUERPERAL septichacinus," "Old Age," "Shock," "Uraemia," "Weakness," genital," "Senile," etc.), "Dropsy," thenia," "Anaemia" (merely symptomatic), "Atrophy," "Collapse." "Coma," "Convulsions," "Debility" ("Conture of the American Medical Association.) "Contributory." sepsis, tetanus) may be stated under the head by carbolic acid-probably suicide. The nature of the Accidental drowning; Struck by railway train-acci-ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS State MEANS OF INJUST and qualify as which surgical operation was undertaken. etc., when a definite disease can be ascertained as the "Hart fallure," "Haemorrhage," "Inanition," "Maras-Bronchopncumonia (secondary), 10 ds. Never report ample: Mcastcs (disease causing affection need not be stated unless important. valvular heart discase; Ohrenic interstitial nephritis nant neoplasms); Measles; Whooping cough; Chronic ter" is less definite; avoid use of "Tumor" for malig mere symptoms or terminal conditions, such as "Asoma. Surcoma. etc., of ... The contributory Always qualify all diseases resulting from (Recommendations on statement of (secondary or intercurrent) (name origin; "Can death), 29 ds.: State cause for "Exhaustion," Examples: For VIO-

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

JAN 4. 1916 BUREAU, V.S.

N.B.

RLACE OF DEATH

21903

STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No.

....Ward)

[If death occurred in a hospital or institution, give its NAME Instead of street and number.]

MEDICAL CERTIFICATE	OF DEATH
16 DATE OF DEATH 12-	26 ,1915 (Day (Year)
17 I HEREBY CERTIFY, That	I attended deceased from
12-20-, 1915 to 12	5-26- 1915
that I last saw h Ann alive on 12-	
and that death occurred on the date state	ed above, at 30 n
The CAUSE OF DEATH* was as follows:	
Broncho Buen	morria
(Duration)	yrsmosd
Contributory	
Secondary	
(Duration)	yrsmos,d:
(Signed) W. Snv	an III
12-27-, 191 5 (Address)	
*State the DISEASE CAUSING DEATH, CAUSES, State (1) MEANS OF INJURY; TAL, SUICIDAL, OF HOMICIDAL.	or, in deaths from Violent and (2) whether Acciden
18 LENGTH OF RESIDENCE (FOR HOSPITAL OR RECENT RESIDENTS)	S, INSTITUTIONA, TRANSIENTS
At place in the	
of death yrs mos ds. State	yrs, #os #
Where was disease contracted, If not at place of death?	9
Former or	****************************
usua! residence	************
19 PLACE OF BURIAL OR REMOVAL	DATE OF BURIAL
Salin In G	Dec 27 , 1915
20 UNDERTAKER	
OHOUNIANEN	ADDRESS

REGISTRAR

[Approved by U. S. Census and American Public Health Association.]

CAUSING DEATH, state occupation at beginning of illshould be taken to report specifically the occupations Housewife, Housework, or At Home, and children, not duties of the household only (not paid Housekeepers mine, etc. fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. additional line is provided for the latter statement; essary to know applies to each and every person, irrespective of age. who have no occupation whatever, write None. been changed or given up on account of the disease Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as gainfully employed, as At school or At home. Care who receive a definite salary), may be entered as material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. The it should be used only when needed. the nature of the business or industry, and therefore an cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Archivect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the ness of various pursuits can be known. The question tion is very important, so that the relative healthful-Statement of occupation-Precise statement of occupa-Spinner, If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," Farmer (retired 6 yrs.) For persons (b) Cotton mill; (a) Salesman, (a) the kind of work and also (b) As examples: "Foreman," (0)

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculesis of lungs, meninges, peritonaeum, etc., Carcin-

childbirth or miscarriage as "Puerperal septiehaemus," "Old Age," "Shock," "Uraemia," "Weakness," valvular heart disease; Chronic interstitial nephritis nant neoplasms); Measles; Whooping cough; Chronic cer" is less definite; avoid use of "Tumor" for maligoma, Sarcoma, etc., of..... (name origin; "Canture of the American Medical Association.) cause of death approved by Committee on Nomenclasepsis, tetanus) may be stated under the head injury, as fracture of skull, and consequences (e. g., dent; Revolver wound of head-homicide; Poisoned such, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. For viomia," "Puerperal peritonitis," etc. State cause for etc., when a definite disease can be ascertained as the "Heart failure," "Haemorrhage," "Inanition," "Marasgenital," "Scnile," etc.), "Dropsy," "Exhaustion," "Collapse," "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As ample: Mcastes (disease causing death), 29 ds.; affection need not be stated unless important. "Contributory." by carbolic acid-probably suicide. The nature of the Accidental drowning; Struck by railway train-acci-Bronchopneumonia (secondary), 10 ds. The contributory Always qualify all diseases resulting from (Recommendations on statement of (secondary or intercurrent) Never report



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OF OCCUPATION AS

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PERMANENT EXACTLY.

S. No.

STATE OF MARYLAND PLACE OF DEATH CERTIFICATE OF DEATH Registration Dist, No.. Ill death occurred in -Ward) a hospital or lostifutioe. give its NAME Instead of street and number.] PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 5 SINGLE, DATE OF DEATH MARRIED. WIDOWED, (Month) (Day (Write the word) I HEREBY CERTIFY. That I attended deceased from DATE OF BIRTH Month (Day (Year) TAGE If LESS than and that death occurred on the date stated 1 day,hrs. The CAUSE OF DEATH* was as follows: OR 7 BOCCUPATION (a) Trade, profession, or 2 particular kind of work (b) General nature of Industry, business, or establishment in (Duration) which employed (or employer) Contributory... BIRTHPLACE Secondary (State or country) 10 NAME OF FATHER (Signed) ARENTS 11 BIRTHPLACE ... 191.5 OF FATHER (State or country) *State the DISEASE CAUSINO DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL. an 12 MAIDEN NAME OF MOTHER 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) 13 BIRTHPLACE At place lo the OF MOTHER (State or country of death _____ yrs. ____ mos. __ _ ds. State Where was disease contracted. CAUSE OF DEA' If not at place of death? Former or osual residence. DATE OF BURIAL 15 20 UNDERTAKER ADDRESS REGISTRAR

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

who have no occupation whatever, write Nonc. cated thus: Farmer (retired 6 yrs.) For persons CAUSING DEATH, state occupation at beginning of illof persous engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers mine, etc. fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. Never return "Laborer," "Foreman," it should be used only when needed. additional live is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is necness of various pursuits can be known. The question been changed or given up on account of the disease Scrvant, Cook, Housemaid, etc. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. (a) Spinner, (b) Cotton mill; (a) Salesman, Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, c. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age. tion is very important, so that the relative healthful-Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indl-Women at home, who are engaged in the If the occupation has As examples: (4)

Statement of cause of death—Name, first, the disease causing dearm (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) "Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberoulesis of lungs, meninges, peritonaeum, etc., Carcin-

nant neoplasms); Measles; Whooping cough; Chronic ture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." scpsis, tctanus) may be stated under the head injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, or as probably LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. mia," "Puerrebal peritonitis," etc. State cause for childbirth or miscarriage as "Puerperal septichacetc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failurc," "Haemorrhage," "Inanitlon," "Marasgenital," "Senlle," etc.), "Dropsy," "Exhaustion," "Collapse," "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. Never report ample: Measles (disease causing death), 29 ds.; affection need not be stated unless important. etc." The contributory (secondary or intercurrent) valvular heart disease; Chronic interstitial nephritis. oma, Sarcoma, etc., of..... (name origin; "Canis less definite; avoid use of "Tumor" for malig-Always qualify all diseases resulting from (Recommendations on statement of For Vio-



S. No. 1

stated EXACTLY. PHYSICIANS should state I. Exact statement of OCCUPATION is very RECORD PERMANENT carefully supplied. AGE should be so that it may be properly classified. 4 UNFADING INK-THIS IS AGE should DEATH in plain terms, so that it masses instructions on back of certificate. WRITE PLAINLY, WITH B.-Every item of information should be CAUSI! OF DEATH in plain terms, s Important.

1 PLACE OF DEATH 21905



STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No.....

ADDRESS

Vii	lage or City	, Juths 6	urg (No		St.;Ward)	[If death occurred le a hospital or institutioe,
	²FU	LL NAME	ed De	emby	t .	give its NAME lestead of street and number.]
	PERSO	ONAL AND STATISTIC	CAL PARTICULA	IRS /	MEDICAL CERTIFICATE OF	DEATH
3 5	Male	Colored Colored	5 SINGLE, MARRIEO, WIOOWED, ORDIVORCEO (Write the wo	ilower rd)	16 DATE OF DEATH (Month)	(Day (Year)
6 D	ATE OF BIRT	H (Month)	(Day	, 1842 (Year)	that I last saw h wally on the	ttended deceased from 1916,
7 _A	GE	73	mosds.	If LESS than I day, hrs. OR. min.?	and that death occurred on the date stated at The CAUSE OF DEATH * was as follows:	pove, at 40 m.
pa (b) bu: wh	CCUPATION) Trade, profession irticular kind of w) General nature e siness, or establ ich employed (or IRTHPLACE (State or cou	ork	ue/ v Quice	0. m.Y	Contributory (Quration) C. Secondary	yrs mos os.
ARENTS	10 NAME OF FATHER 11 BIRTHPL OF FATH (State o	ACE HER or country) De	the trou	u.	(Signed) (Ouration) (Signed) (Address) (Address) (Address) (CAUSES, State (1) MEANS OF INJURY; and	mos ds. , M. D. deaths from Violent (2) whether Accident
14 ,	13 BIRTHPL OF MOTH	ACE HER r country)	It Kus	ed ed LEDGE	18 LENGTH OF RESIDENCE (FOR HOSPITALS, IN OR RECENT RESIDENTS) At place In the of death yrs. mos. ds. State	STITUTIONS, TRANSIENTS, . yrs ds
15	(Address)	24 - Pa	h (my	U-	Ruthsburg MS.	DATE OF BURIAL

REGISTRAR

If more blanks are needed, address State Registrar, 6 E. Frackin St., Balto., Requesting V. S. No. 1.

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[Approved by U. S. Census and American Public Health Association.]

should be taken to report specifically the occupations duties of the household only (not paid Housekeepers "Manager," "Dealer," etc., without more precise specithe nature of the business or industry, and therefore an cases, especially in industrial employments, it is uecness of various pursuits can be known. The question cated thus: Housewife, Housework, or At Home, and children, not mine, etc. fication as Day taborer, Farm taborer, Laborerstatement. Grocery; (a) Foreman, (b) Automobite factory. it should be used only when ueeded. additional line is provided for the latter statement; essary to know (a) the kind of work and also (b)Civit engineer, Stationary freman, etc. But In many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Ptanter, For many occupations a single word or term on the applies to each and every person, irrespective of age. tion is very important, so that the relative healthfulwho have no occupation whatever, write Nonc. CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the disease Servant, Cook, Housemaid, etc. of persous engaged in domestic service for wages, as gainfully employed, as At school or At home. Care who receive a definite salary), may be entered as material worked on may form part of the second (a) Spinner, Statement of occupation-Precise statement of oecupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," "Foreman," Farmer (retired 6 yrs.) For persons (b) Cotton mitl; (a) Salesman, (b) If the occupation has As examples:

Statement of cause of death—Name, first, the disease causing dearn (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unquallfied, is indefinite): Tuberculests of lungs, meninges, peritonaeum, etc., Carcin-

valvutar heart disease; Chronic interstitial nephritis, nant neoplasms); Meastes; Whooping cough; Chronic injury, as fracture of skull, and consequences (e. g., such, if impossible to determine definitely. Examples: LENT DEATHS State MEANS OF INJURY and qualify as mia," "Puerferal peritonitis," childbirth or miscarriage as "Puerperal septichaccause. Always qualify all diseases resulting from etc., when a defiuite disease can be ascertained as the nus," "Old Age," "Shock," "Uraemia," "Weakness," "Ileart failure," "Hacmorrhage," "Inanition," "Marasgenital," "Collapse," "Coma," "Couvulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," nucre symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. Never report ample: affection need not be stated unless important. oma, Sarcoma, etc., of...... (name origin; "Caneause of death approved by Committee on Nomencla-"Coutributory." sepsis, tetanus) may be stated under the head of by carbotic acid-probabty suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidentat drowning; Struck by raitway train-acci-ACCIDENTAL, SUICIDAL, OF HOMICIDAL, or as probably which surgical operation was undertaken. For vioture of the American Medical Association. is less definite; avoid use of "Tumor" for malig-The contributory (secondary or intercurrent) Meastes "Senile," etc.), (Recommendations on statement of (disease eausing death), 29 ds.; "Dropsy," etc. State cause for "Exhaustlon,"

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

RECEIVED FEB 7-1916 BURGAU.V.S.

V. S. No. 1.

County Darry and 21900	STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No. 202
Village or City Lucy Comme Lucy (No	St; Ward) A hospital or institution, give its NAME instead of street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Frmull Hold (Write the word)	16 DATE OF DEATH (Month) (Day) (Year) 17 ol HEREBY CERTIFY, That I attended deceased from
© DATE OF BIRTH	23C, 18, 1915; to 25C, 18", 1915; that I last saw h Malive on 23C, 18, 1915;
7 AGE If LESS than 1 day, 2 hrs. OR — min. ?	and that death occurred on the date stated above, at A. m. The CAUSE OF DEATH * was as follows:
8 OCCUPATION (a) Trade, profession, or. Aparticular kind of work	Tremsling Orsky
(b) General natore of ludustry business, or establishment in which employed (or employer)	(Ourstlon) yrs. mos hay
9 BIRTHPLACE (State or country)	Contributory Secondary (Buralion) yrs. ? mos. ds.
FATHER The Trake	(Signed)
11 BIRTHPLACE OF FATHER (State or country) 12 MAIDEN NAME OF MOTHER Sasil Levis	*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL OF HOMICIDAL.
of MOTHER 2ssil & There	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS,
13 BIRTHPLACE OF MOTHER (State or country) Cerolcul Co.	OR RECENT RESIDENTS) Al piace In the cf death
(Informant)	if not all piece of death? Former or usuel residence
(Address) - Hurn acur.	19 PLACE OF BURYAL OR REMOVAL DATE OF BURIAL 15-20, 1915
FRED 12-18-, 191 / Prof. 1. Eds rus	20 UNDERTAKER TILL ADDRESS
If more blanks are needed, address State Registrar, 1	THE OF THE STATE O

[Approved by U. S. Census and American Public Health Association.]

Statement of Occupation-Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of agc. For many occupations a single word or term on the first line will be sufficient, c. g., Farmer or Planter, Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc. But in many cases. especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Automobile factory. The material worked on may form part of the second statement. Never return "Laborer." "Foreman," "Manager," "Dealer," etc., without more precise specification as Day laborer, Farm laborer, Laborer -Coal mine, etc. Women at home, who are engaged in the duties of the household only (not paid Housekeepers who receive a definite salary), may be entered as Housewife, Housework, or At Home, and children, not gainfully employed, as At school or At home. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed or given up on account of the DISEASE CAUSING DEATH, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: Farmer (retired 6 yrs.). For persons who have no occupation whatever, write None.

Statement of Cause of Death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, menin-

ges, peritonaeum, ctc., Carcinoma, Sarcoma, etc., of...... (name origin; "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); Measles; Whooping cough; Chronic valvular heart disease; Chronic interstitial nephritis, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: Measles (disease causing death), 29 ds.: Bronchopneumonia (secondary), 10 ds. Never report niere symptoms or terminal conditions, such as "Asthenia." "Anaemia" (merely symptomatie), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," ctc.), "Tropsy," "Exhaustion," "Heart failure," "H emorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Uracmia," "Weakness," etc., when a definite disease can be ascertained as the eause. Always qualify all diseases resulting from childbirth or miscarriage as "Puerperal septichaemia," "PUERPERAL peritonitis," etc. State cause for which surgical operation was undertaken. For violent deaths state MEANS OF INJURY and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, or as probably such, if impossible to determine definitely. Examples: Accidental drowning; Struck by railway train-accident; Revolver wound of head-homicide: Poisoned by carbolic acid-probably suicide. The nature of the injury, as fracture of skull, and consequences (e. g., sepsis, tetanus) may be stated under the head of "Contributory." (Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Village or City Centrevier (No	STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist, No. 282 St.; Ward) [if death occurred is a hospital or lostitution, give its NAME instead of street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
male White Single, married whose word)	16 DATE OF DEATH Sec. 29 ,1915 (Month) (Day (Year) 17 I HEREBY CERTIFY, That I attended deceased from
(Month) (Day (Year)	that I last saw h am allye on Dec. 29 - 1915,
TAGE If LESS than 1 day,hrs. 1 day,	The CAUSE OF DEATH* was as follows: Chronic Carenchymateus hefterites (Buration) 2 yrs mos ds. Contributory Secondary
10 NAME OF Junbah 11 BIRTHPLACE OF FATHER (State or country) 12 MAIDEN NAME 7	(Signed) W. Jeury Fisher , M. O. See. 79 - , 1915 (Address) Centreview hold *State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.
13 BIRTHPLACE OF MOTHER Mary Juriele 13 BIRTHPLACE OF MOTHER (State or country) 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE WAS Country (Address) (Address) 15 2-29-11-11-11 Filet 19134-7 Filet 19134-7	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) At place In the of death yrs. mos. ds. State yrs. mos. ds Where was disease contracted, if not at place of death? Former or usual residence. 19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL Dentrevelle Maddless 20 UNDERTAKER ADDRESS

If more blanks are needed, address State Registrer, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

cated thus: Farmer (retired 6 yrs.) For persons who have no occupation whatever, write None. CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the disease Scrvant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers mine, etc. fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specithe nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Physician, Compositor, Architect, Locomotive engineer, statement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. The it should be used only when needed. additional line is provided for the latter statement; Civil engineer, Stationary freman, etc. But in many first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthful-(a) Spinner, (b) Cotton mill; (a) Salesman, Statement of occupation-Precise statement of occupa-If retired from business, that faet may be indi-Women at home, who are engaged in the Never return "Laborer," As examples: "Foreman," (6)

Statement of cause of death—Name, first, the DEASE CAUSING DEATH (the primary affection with respect to time and eausation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemie eerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Tneumonia," unqualified, is indefinite): Tuberculesis of lungs, meninges, peritonaeum, etc., Carcin-

eause of death approved by Committee on Nomencla-"Contributory." injury, as fracture of skull, and consequences (e. g., such, if impossible to determine definitely. Examples: mia," "PUERPERAL peritonitis," etc. State childbirth or miscarriage as "Puerperal septichaethenia," "Anaemia" (merely symptomatic), "Atrophy," nant neoplasms); Measles; Whooping cough; Chronic cer" is less definite; avoid use of "Tumor" for maligture of the American Mcdical Association.) sepsis, tetanus) by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-acci-ACCIDENTAL, SUICIDAL, OF HOMICIDAL, or as probably LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. etc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Maras-"Collapse," "Coma," "Convulsions," "Debility" ("Conmere symptoms or terminal conditions, such as "Asaffection need not be stated unless important. ratvular heart disease; Chronic interstitial nephritis, oma, Sarcoma, etc., of...... (name origin; "Can-Bronchopneumonia (seeondary), 10 ds. Never report The contributory (secondary or intercurrent) Always qualify all diseases resulting from Measles (disease causing death), 29 ds.; "Senile," etc.), (Recommendations on statement of may be stated under the head "Dropsy," "Exhaustion," eause for For VIO-



00 Z 1 PLACE OF DEATH

[Approved by U. S. Census and American Public Health Association.]

Statement of Occupation-Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., Farmer or Planter, Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc. But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Automobile factory. The material worked on may form part of the second statement. Never return "Laborer." "Foreman," "Manager," "Dealer," etc., without more precise specification as Day laborer, Farm laborer, Laborer -Coal mine, etc. Women at home, who are engaged in the duties of the household only (not paid Housekeepers who receive a definite salary), may be entered as Housewife, Housework, or At Home, and children, not gainfully employed, as At school or At home. Care should be taken to report specifically the occupations of persons engaged in domestie service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed or given up on account of the DISEASE CAUSING DEATH, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: Farmer (retired 6 yrs.). For persons who have no occupation whatever, write None.

Statement of cause of Death—Name, first, the DISEASE CAUSING first, (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic eerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, menin-

ges, peritonacum, etc., Carcinoma, Sarcoma, etc., of...... (name origin; "Caneer" is less definite; avoid use of "Tumor" for malignant neoplasms); Measles; Whooping cough; Chronic valvular heart disease; Chronic interstitial nephritis, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: Meosles (disease causing death), 29 ds.; Bronchopneumonia (seeondary), 10 ds. Never report mere symptoms or terminal conditions, such as "Asthenia." "Anaemia" (merely symptomatie), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Heemorrhage," "Inanition," "Marasmus," "Old Age," "Shoek," "Uracmia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from ehildbirth or miscarriage as "PUERPERAL septichaemia," "PUERPERAL peritonitis," etc. State cause for which surgical operation was undertaken. For VIOLENT DEATHS state MEANS OF INJURY and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, or as probably such, if impossible to determine definitely. Examples: Accidental drowning: Struck by railway train—accident; Revolver wound of head-homicide; Poisoned by carbolic acid-probably suicide. The nature of the injury, as fracture of skull, and eonsequences (e. g., scpsis, tetanus) may be stated under the head of "Contributory." (Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

N. B.—Every item of Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be proporly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. A PERMANENT RECORD BINDING FOR 5 WRITE PLAINLY, WITH UNFADING INK-THIS RESERVED MARGIN

V. S. No. 1.

Village or Cip Juliane Pewelf	STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No. 254 St.; Ward) [If death occurred in a hospital or institution, give its NAME instead of street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
SEX 4 COLOR OR RACE MARRIED, WIDOWED OR DIVORCED (Write the word)	16 DATE OF DEATH (Month) (Day) (Year) 17 I HEREBY CERTIFY, That I attended deceased from ,191, to, 191,
7 AGE (Month) (Day) (Yoar) 7 AGE If LESS than 1 day, hrs. OR min.?	that I last saw halive on
(a) Trade, prefession, or particular kind of work (b) General nature of ladustry business, or establishment to which employed (or employer)	(Boration) yrs. mos. 6s.
9 BIRTHPLACE (State or country) Mary Laced	Contributory Secondary (Boutlet) TE Add: de,
10 NAME OF FATHER CLOB Jewall 11 BIRTHPLACE OF ATHER (Slate or country) 12 MAIDEN NAME OF MOTHER Parkara Clivka	*State the PISEASE CAUSINO DRATH, or, in deaths from VIOLENT AUGUS, state (1) MEAN OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL OF HOMICIDAL
13 BIRTHPLACE OF MOTHER (State or country) 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) At place Is the of desth
(Informant) Act of the Control of th	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL Rerry Corner 600, 1016.
Filed 12/16, 1915 - / MCOMECOMMA	20 UNDERTAKER ADDRESS 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

cian, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc. But in many cases, applies to each and every person, irrespective of age. ness of various pursuits ean be known. The question tion is very important, so that the relative healthful--Coal mine, etc. Women at home, who are engaged in the duties of the household only (not paid Housekeepers of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more mill; (a) Salesman, (b) Grocery; (a) Foreman, only when needed. As examples: (a) Spinner, (b) Cotton is provided for the latter statement; it should be used business or industry, and therefore an additional line know (a) the kind of work and also (b) the nature of the especially in industrial employments, it is necessary to first line will be sufficient, e. g., Farmer or Planter, Physi-For many occupations a single word or term on the state occupation at beginning of illness. or given up on account of the DISEASE CAUSING DEATH, engaged in domestic service for wages, as Scrvant, Cook, employed, as At school or At home. Care should be wife, Housework, or At Home, and children, not gainfully who receive a definite salary), may be entered as Houseprecise specification as Day laborer, Farm laborer, Laborer mobile factory. taken to report specifically the occupations of persons write None. business, that fact may be indicated thus: Farmer (retired Housemaid, etc. Statement of Occupation-Precise statement of occupa-For persons who have no occupation whatever The material worked on may form part If the occupation has been changed If retired from (b) Auto-

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia,"); Lobar pneumonia, Branchopneumonia ("Pneumonia,"); Lobar indefinite); Tuberculosis of lungs, menürungualified, is indefinite); Tuberculosis of lungs, menürungualified,

cough; Chronic valvular heart disease; Chronic interstitial ges, peritonaeum, etc., Carcinoma, Sarcoma, etc., of..... symptoms or terminal conditions, such as "Asthenia," chopneumonia (secondary), 10 ds. Never report mere Example: Measles (disease causing death), 29 ds.; Bronrent) affection need not be stated unless important. nephritis, etc. "Tumor" for malignant neoplasms); Measles; Whooping (name origin; "Caneer" is less definite; avoid use of state MEANS OF INJURY and qualify as ACCIDENTAL, etc., when a definite disease ean be ascertained as the mus," "Old Age," "Shock," "Heart failure," "Hacmorrhage," "Inantion," "Maras-"Anaemia" (mcrely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Conand consequences (e. g., scpsis, tetanus) may be stated SUICIDAL, or HOMICIDAL, or as probably such, if impossible surgical operation was undertaken. For violent deaths "PUERPERAL peritonitis," etc. State cause for which eause. Always qualify all diseases resulting from childon Nomenclature of the American Medical Association.) on statement of cause of death approved by Committee under the head of "Contributory." (Recommendations suicide. The nature of the injury, as fracture of skull, head-homicide; Poisoned by carbolic acid-probably Struck by to determine definitely. Examples: Accidental drowning; or miscarriage as "Puenperal septichaemia," "Coma," railway train-accident; Revolver wound of The contributory (secondary or intercur-"Uraemia," "Weakness," "Atrophy," "Col-



V. S. No. 1.

RECORD UNFADING INK-THIS IS A PERMANENT WRITE PLAINLY, WITH

Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. N. B.-Every Item CAUSE OF

PLACE OF DEATH



STATE OF MARYLAND

County Allacque aure	Registration Dist. No. 252
Village or City (No. (No. 2)	St.; Ward) a hospital or institution, give its NAME instead of street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
SEX COLOR OR RACE Single, MARRIED, WIDOWED, WIDOWED, ORDIVORCED (Write the word)	(Month) (Day (Year) 17 I HEREBY CERTIFY, That I attended deceased from
(Month) (Day (Year)	that I last saw her allye on Dic 6 , 1913-
TAGE It LESS than 1 dayhrs. ORmln.?	and that death occurred on the date stated above, at 8,30 Ca/m, The GAUSE OF DEATH* was as follows:
(a) Trade, profession, or particular kind of work. (b) General nature of industry, business, or establishment in which employed (or employer)	(Duration) yrs / mos / 5 ds.
10 NAME OF THE SUCKEY MANO	Secondary Internated (Duration) yrs mos ds. (Signed) tach , M. D. Dee 6 , 1915 (Address) Chyphaille Safe
11 BIRTHPLACE OF FATHER (State or country) 12 MAIDEN NAME OF MOTHER UTGULA 13 BIRTHPLACE	*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, OF HOMICIDAL. 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)
OF MOTHER (State or country) 14 THE ABOVE IS TRUE TO THE REST OF MX KNOWLEDGE (Informant) (Informant)	At place in the of deathyrs,mos,ds. Stateyrs,mos,ds Where was disease contracted, If not at place of death? Former or
16 Du gu Pohr Wholius	19 PLACE OF BURIAL OR REMOVAL ALCO BURIAL OR REMOVAL ALCO BURIAL PLACE S, 1915 22 UNDERTAKER ADDRESS

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

who have no occupation whatever, write None. cated thus: Farmer (retired 6 yrs.) For persons CAUSING DEATH, state occupation at beginning of ili-Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers mine, etc. statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specimaterial worked on may form part of the second it should be used only when needed. As examples: additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is necfirst line will be sufficient, e. g., Farmer or Planter, applies to each and every person, irrespective of age. been changed or given up on account of the disease fication as Day laborer, Farm laborer, Laborer-Coal Groccry; (a) Foreman, (b) Automobile factory. The (a) Spinner, (b) Cotton mill; (a) Salesman, Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, For many occupations a single word or term on the ness of various pursuits can be known. The question tion is very important, so that the relative healthfui-Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cercurospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tubercu-losis of lungs, meninges, peritonaeum, etc., Carcin-

sepsis, tetanus) may be stated under the head of mia," "Puerreral peritonitis," etc. State cause for childbirth or miscarriage as "Puerperal septichaemus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Maras-"Coliapse," "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," valvular heart disease; Chronic interstitial nephritis, nant neoplasms); Measles; Whooping cough; Chronic eer" is less definite; avoid use of "Tumor" for maligoma, Sarcoma, etc., of...... (name origin; "Cancause of death approved by Committee on Nomenclainjury, as fracture of skull, and consequences (e. g., mere symptoms or terminal conditions, such as "Asaffection need not be stated unless important. ture of the American Medical Association.) "Contributory." by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. etc., when a definite disease can be ascertained as the Bronchopneumonia (secondary), 10 ds. The contributory (secondary or intercurrent) Always qualify all diseases resulting from Measles (disease causing death), 29 ds.; "Senile," etc.), (Recommendations on statement of "Dropsy," "Exhaustion," Never report For vio-



WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD

N. B.—Every Item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PLACE OF DEATH

Queen anne

her dieenstour

21911



STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No. 252

St.;----Ward)

[If death occurred to a hospital or Institution, give its NAME Instead of street and nomber.]

	²FU	ILL NAME	***************************************	Moody	of street and monator.]
	PERS	ONAL AND STATISTIC	CAL PARTICULARS	MEDICAL CERTIFICATE	OF DEATH
35	n Je	4 COLOR OR RAGE	SSINGLE, MARRIED, WIDOWED, ORDIVORCED (Write the word)	(Month) 17 I HEREBY CERTIFY. Tha	20 , 1914 (Year)
7 A		(Month)	(Day (Year) If LESS than f day,hrs.	that I last saw have alive on blee and that death occurred on the date state. The CAUSE OF DEATH* was as follows:	20~ 1915 20~ 1915 ed above, at 10 15 P. m
(b) but wh	IRTHPLACE	work	Rune (b. Md)	Contributory Secondary	yrs mos. ds
10 NAME OF FATHER Walter Mode. 11 BIRTHPLACE OF FATHER (State or country) 2 q. (0. h.) 12 MAIDEN NAME OF MOTHER OF MOTHER OF MOTHER			rody.		or. In deaths from Viotenz
C.	13 BIRTHP OF MO	LACE THER OF COUNTRY) IS TRUE TO THE BES	Wright i. Co. Mi TOF MY KNOWLEDGE Sody (Father)	18 LENGTH OF RESIDENCE (FOR HOSPITAL OR RECENT RESIDENTS) At place In the of death yrs. mos. ds. State Where was disease contracted, if not at place of death?————————————————————————————————————	
16 Fl	(Address)	2/1913/1	elle Les	19 PLACE OF BURIAL OR REMOVAL 20 UNDERTAKER	DATE OF BURIAL, 191
		W more blanks	are meeded address State Design	than 6 E Franklin St Dalta Dannati- I	0.37

[Approved by U. S. Census and American Public Health Association.]

cated thus: Farmer (retired 6 yrs.) For persons CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the disease of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers minc, etc. "Manager," "Dealer," etc., without more precise specistatement. Never return "Laborer," additional live is provided for the latter statement; who have no occupation whatever, write Nonc. Servant, Cook, Housemaid, etc. If the occupation has fication as Day laborer, Farm laborer, Laborer-Coal material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. (a) Spinner, (b) Cotton mill; (a) Salesman, it should be used only when needed. As examples: the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, c. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthful-Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the "Foreman," (4)

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synouym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) 'Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculesis of lungs, meninges, peritonaeum, etc., Carcin-

valvular heart disease; Chronic interstitial nephritis, nant neoplasms); Measles; Whooping cough; Chronic ture of the American Medical Association.) cause of death approved by Committee on Nomenelasepsis, tetanus) may be stated under the head of lnjury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the such, if impossible to determine definitely. Examples: LENT DEATHS state MEANS OF INJURY and qualify as mia," "Puenperal peritonitis," etc. State cause for childbirth or miscarriage as "Puerperal septichacetc., when a definite disease can be ascertained as the "Heart failure," "Haemorrhage," "Inanition," "Maras-mus," "Old Age," "Shock," "Uraemia," "Weakness," thenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "Asaffection need not be stated unless important. cer" is less definite; avoid use of "Tumor" for maligoma, Sarcoma, etc., of...... (name origin; "Can-"Contributory." dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-acci-ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably which surgical operation was undertaken. For viogenital," Bronchopneumonia (secondary), 10 ds. Never report "Collapse," "Coma," "Couvulsions," "Debility" ("Con-The contributory Always qualify all diseases resulting from "Senile," ctc.), "Dropsy," Measles (Recommendations on statement of (disease causing death), 29 ds.; (secondary or intercurrent) "Exhaustion,"



EXACTLY. RECORD classifie stated PERMANENT U pplied UNFADING termi 2 ARGIN pino I 4 PLAINLY, ш 0 of informati 0 ы AUSI Ü

1 PLACE OF DEATH STATE OF MARYLAND PHYSICIANS t statement of CERTIFICATE OF DEATH 252, Registration Dist. No. fif death occurred in Ward) a hospital or institution. give Its NAME Instead of street and number. PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH SINGLE 16 DATE OF DEATH 4 COLOR OR RACE 5 MARRIED WIDOWEO OR DIVORCED (Month) (Year) Lattended deceased from 6 DATE OF BIRTH (Month (Day 7 AGE If LESS than and that death occurred on the date stated above, a 1 day, hrs. was as follows: min. ? OR OCCUPATION (a) Trade, profession, or particular kind of work (b) General nature of lodustry business, or establishment in which employed (or employer 9 BIRTHPLACE (State or country) 10 NAME OF FATHER mportant RENTS 11 BIRTHPLACE OF FATHER . (State or country) *State the DISEASE CAUSING DEATH, or, in deaths from Vyblent CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIPENTAL, 12 MAIOEN NAME SUICIDAL OF HOMICIDAL. OF MOTHER Ad 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS 13 BIRTHPLACE At misce In the OF MOTHER (State or country) ef desth Where was disease contracted, Every item of should state COCCUPATION If not at place of desth? Former or usual residence DATE OF BURIAL (Address 15 20 UNGERTAKER AOORESS m If more blanks are needed, address State Registrar, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

state occupation at beginning of illness. If retired from employed, as At school or At home. Care should be -Coal mine, etc. Women at home, who are engaged in the duties of the household only (not paid Housekeepers business, that fact may be indicated thus: Farmer (retired or given up on account of the DISEASE CAUSING DEATH, engaged in domestic service for wages, as Servant, Cook, taken to report specifically the occupations of persons wife, Housework, or At Home, and children, not gainfully who receive a definite salary), may be entered as Houseonly when needed. As examples: (a) Spinner, (b) Cotton write None. Housemaid, etc. If the occupation has been changed precise specification as Day laborer, Farm laborer, Laborer "Foreman," "Manager," "Dealer," etc., of the second statement. Never return "Laborer," mobile factory. The material worked on may form part mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Autois provided for the latter statement; it should be used business or industry, and therefore an additional line know (a) the kind of work and also (b) the nature of the especially in industrial employments, it is necessary to cian, Compositar, Architect, Locomolive engineer, Civil engineer, Stationary fireman, ctc. But in many cases, first line will be sufficient, e. g., Farmer or Planter, Physi-For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthful-Statement of Occupation-Precise statement of occupa-For persons who have no occupation whatever, without more

Statement of Cause of Death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia,"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,") unqualified, is indefinite); Tuberculosis of lungs, menin-

genital," SUICIDAL, or HOMICIDAL, or as probably such, if impossible to determine definitely. Examples: Accidental drawning; mus," "Old Age," "Shock," "Uraenia," "Weakness, "Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Conon Nomenclature of the American Medical Association.) on statement of cause of death approved by Committee under the head of "Contributory." and consequences (c. g., scpsis, tetanus) may be stated suicide. The nature of the injury, as fracture of skull head-homicide; Poisoned by carbolic acid-probably state means of injury and qualify as accidental, surgical operation was undertaken. For violent deaths "PUERPERAL peritonitis," etc. birth or miscarriage as "Puerperal septichuemia," cause. Always qualify all diseases resulting from ehildetc., when a definite disease can be ascertained as the "Heart failure," "Haemorrhage," "Inanition," "Marassymptoms or terminal conditions, such as "Asthenia, chopneumonia (secondary), 10 ds. Example: Measles (disease causing death), 29 ds.; Bronrent) affection need not be stated unless important. nephritis, etc. cough; Chronic valvular heart disease; Chronic interstitial "Tumor" for malignant neoplasms); Measles; Whooping ges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of......... (name origin; "Cancer" is less definite; avoid use of by railway train-accident; Revolver "Senile," etc.), "Dropsy," "Exhaustion, The contributory (secondary or intercur-State eause for which Never (Recommendations report mere wound of



WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD 1. B.—Every Item of information should be carefully supplied. ACE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very		RECORD	PHYSICIANS should state t of OCCUPATION is very
200	V. S. No. 1.	WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT	N. BEvery Item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very

Village or City Stary (No	STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No. 252 St.; Ward) St.; Ward) [It death occurred in a hospital or institution, give its NAME instead of street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Reale Color of RACE Single, MARRIED, WIDOWED, ORDIVORCED (Write the word)	16 DATE OF DEATH (Month) (Day (Year) 17 I HEREBY CERTIFY, That I sttended decessed from
Month) (Day (Year)	that I lest sew hervally on Dic 1915
7 AGE If LESS than 1 day,hrs. OR min.?	The CAUSE OF DEATH * was as follows:
(a) Trade, profession, or Several Colors particular kind of work (b) General nature of industry, business, or establishment in	
which employed (or employer) 9 BIRTHPLACE (State or country) Quint Quince Ca	Contributory Frank Jacker Secondary (Duration) yrs mos 3 ds
10 NAME OF GEORGE Price 11 BIRTHPLACE OF FATHER OF FATHER	(Signed) Hall (Address) Wy seells he
11 BIRTHPLACE OF FATHER (State or country) 12 MAIDEN NAME OF MOTHER 4	*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether Accidental, SUICIDAL, or HOBICIDAL. 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS.
13 BIRTHPLACE OF MOTHER (State or country) THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	At place In the of death yrs, mos. ds. State yrs, mos. ds. Where was disease contracted,
(Intermant) Joseph Blake	It not at place of death? Former or usual residence
(Address) 16 Filed 2-20, 191 High Leg leg	19 PLACE OF BURIAL OR REMOVAL Contravelle MA 1982 21, 1915 20 UNDERTAKER ADDRESS
At more blanks are needed, andress State Regis	trar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

cated thus: Farmer (retired 6 yrs.) For persous CAUSING DEATH, state occupation at beginning of illshould be taken to report specifically the occupations it should be used only when needed. As examples: essary to know (a) the kind of work and also (b) who have no occupation whatever, write None. been changed or given up on account of the disease Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as gainfuily employed, as At school or At home. Housewife, Housework, or At Home, and children, not who receive a definite saiary), may be entered as duties of the household only (not paid Housekeepers mine, etc. fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Groccry; (a) Foreman, (b) Automobile factory. The additional line is provided for the latter statement; the nature of the business or industry, and therefore an cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthful-(a) Spinner, (b) Cotton mill; (a) Salesman, Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," "Foreman,"

Statement of cause of death—Name, first, the disease causing death—Name, first, the disease causing defection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cercbrospinal fever (the only definite synonym is "Epidemic cerebrospinal meulogitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tubercucests of lungs, meninges, peritonaeum, etc., Carcinctests of lungs, pe

mia," "Puerperal peritonitie," etc. State cause for mus," "Old Age," "Shock," "Uraemia," "Weakness," mere symptoms or terminal conditions, such as "Asvalvular heart disease; Chronic interstitial nephritis, nant ueoplasms); Measles; Whooping cough; Chronic cer" is iess definite; avoid use of "Tumor" for maligoma, Sarcoma, etc., of...... (name origin; "Cansepsis, tetanus) injury, as fracture of skuii, and consequences (e. g., such, if impossible to determine definitely. Exampics: childbirth or misearriage as "Puerperal septichacete., when a definite disease can be ascertained as the "Ileart failure," "Haemorrhage," "Inanition," "Maras-"Collapse," "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatie), "Atrophy," affection need not be stated unless important. ture of the American Medicai Association.) cause of death approved by Committee on Nomenela-"Contributory." by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-acci-ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. For vio-Bronchopneumonia (secondary), 10 ds. The contributory (secondary or intercurrent) Aiways qualify aii diseases resuiting from Measics (disease causing death), 29 ds.; "Senile," etc.), may be stated under the head (Recommendations on statement of "Dropsy," "Exhaustion," Never report



should state OCCUPATION PHYSICIANS PERMANENT classified. INK supplied. be UNFADING that it may certificate. 80 10 6 Information shift in plain is Instructions o a Item Important. Every Ite

1 PLACE OF DEATH STATE OF MARYLAND CERTIFICATE OF DEATH dueen anne Registration Dist. No. I'lf death occurred in St .:---Ward) a hospital or institution. give its NAME insfead of street and nomber.] PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 3 SEX 16 DATE OF DEATH 4 COLOR OR RACE 5 SINGLE. married MARRIED. male WIDOWED. (Month) ORDIVORCED (Write the word) I HEREBY CERTIFY, That I attended deceased from 1915 to Dec-17 6 DATE OF BIRTH DOC- 16-March. (Dav (Year) 7 AGE If LESS than and that death occurred on the date stated above, at... t day hrs. The CAUSE OF DEATH* was as follows: OR min. ? BOCCUPATION (a) Trade, profession, or particular kind of work. (b) General nature of Industry. business, or establishment in (Duration) _____vrs. which employed (or employer) -----BIRTHPLACE Contributory Secondary (State or country) 11 BIRTHPLACE OF FATHER (State or country) PARENTS Bee- 18 *State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, OF HOMICIDAL. 12 MAIDEN NAME OF MOTHER 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) 13 BIRTHPLACE Af place In the OF MOTHER (State or country) of death _____ yrs. ____ mos. ___ ds. State _____ yrs. ___ mos. _ Where was disease contracted. 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE If not at place of death?-Mary Sewell (links Former or usual residence. entreville Mb 19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL (Address) 15 20 UNDERTAKER

REGISTRAR

If more blanks are needed, address State Registran & E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

cated thus: should be taken to report specifically the occupations Housewife, Housework, or At Home, and children, not who have no occupation whatever, write None. CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the disease Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as gainfully employed, as At school or At home. Care who receive a definite salary), may be entered as dutics of the household only (not paid Housekeepers minc, etc. fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, applies to each and every person, irrespective of age. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. The (a) Spinner, (b) Cotton mill; (a) Salesman, it should be used only when needed. additional line is provided for the latter statement; Civil engineer, Stationary freman, etc. But in many For many occupations a single word or term on the ness of various pursuits can be known. The question tion is very important, so that the relative healthful-Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never Farmer (retired 6 yrs.) For persons return "Laborer," As examples: "Foreman," (4)

Statement of cause of death—Name, first, the disease causing death—(the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphthcria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculsis of lungs, meninges, peritonaeum, etc., Carcin-

ture of the American Medical Association.) cause of death approved by Committee on Nomenclascpsis, tctanus) may be stated under the head injury, as fracture of skull, and consequences (e. g., such, if impossible to determine definitely. Examples: LENT DEATHS state MEANS OF INJURY and qualify as mia," "Puerperal peritonitis," etc. State childbirth or miscarriage as "Puerperal septichaethenia," "Anaemia" (merely symptomatic), "Atrophy," "Contributory." by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-acci-ACCIDENTAL, SUICINAL, OF HOMICINAL, OF as probably which surgical operation was undertaken. For vioetc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Maras-"Collapse," "Coma," "Convulsions," "Debility" ("Conmere symptoms or terminal conditions, such as "Asaffection need not be stated unless important. nant neoplasms); Measles; Whooping cough; Chronic cer" is less definite; avoid use of "Tumor" for maligoma, Sarcoma, etc., of...... (name origin; "Can-Bronchopncumonia (secondary), 10 ds. Never report valvular heart discase; Chronic interstitial nephritis The contributory (secondary or intercurrent) Always qualify all diseases resulting from Meastes (disease causing death), 29 ds.; "Senile," etc.), (Recommendations on statement of "Dropsy," "Exhaustion," cause for



7. S. No. 1.

N. B.—Every Item of Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH In plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT REC

PLACE OF DEATH	STATE OF MARYLAND
County Jucen and Con 21915	CERTIFICATE OF DEATH
County County	Registered No.
Village or City Account (No	St; Ward) [it death occurred to a hospital or institution give its MAME lostead et streel and nomber.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL GENTIFICATE OF DEATH
SEX 4 COLOROR RACE SHINGLE, MARRIED, SIMGLE WIDOWED. OR OVER CED (Write the word)	(Month) (Day) (Year) I HEREBY CERTIFY, That I attended deceased from
G DATE OF BIRTH	May 1 1915 to De 0 / 1915
(Month) (Day) (Year)	that I last saw h Cill alive on M & J 30 , 1915
7 AGE It LESS than	and that death occurred on the date stated above, at
yrs. / mos. ds. ORmin.?	The CAUSE OF DEATH* was as follows:
© OCCUPATION (a) Trade, profession, or Purce (particular kind of work	Cuestal Hemarkag
(b) General nature of lodustry, business, or eetablishment to which employed (or employer)	(Duration) yrs. mos. 3 ds.
⁹ BIRTHPLACE (State or country) M d	Contributory P 1 1 1 1 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2
10 NAME OF FATHER PARTY. UNDUN	(Signed) My or grace, M. D.
11 BIRTHPLACE OF FATHER (State or country) 12 MAIDEN NAME OF MOTHER OF MOTHER	*State the DISEASE CAUSING DEATH, or, in deaths from Violent CAUSES, state (1) MEANS OF INJURY; and (2) whether Acciden-
M 12 MAIDEN NAME OF MOTHER	TAL, SUICIDAL, OF HOMICIDAL.
13 BIRTHPLACE OF MOTHER (State or country)	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, or RECENT RESIDENTS) At place lo the of death yrs, mos ds.
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted, If not at place of death?
(interment) Soul Barlon	Former or usual residence
Address) to hurch Hill	Place of Burial or REMOVAL DATE OF BURIAL WELL 2 - 1915
Filed	20 UNDERTAKER GOVO ADDRESS Blurch WW

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

cated thus: Farmer (retired 6 yrs.). should he taken to report specifically the occupations CAUSING DEATH, state occupation at heginning of illof persons engaged in domestic service for wages, as gainfully employed, as At school or At home. Care duties of the household only (not paid Housekeepers fication, as Day laborer, Farm laborer, Laborerstatement. who have no occupation whatever, write None. been changed or given up on account of the DISEASE Servant, Cook, Housemaid, etc. If the occupation has Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as mine, etc. "Manager," "Dealer," etc., without more precise specimaterial worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. it should he used only when needed. additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question (a) Spinner, (b) Cotton mill; (a) Salesman, tion is very important, so that the relative healthful-Statement of occupation-Precise statement of occupa-If retired from husiness, that fact may be indi-Women at home, who are engaged in the Never return "Lahorer," "Foreman," As examples: For persons

Statement of cause of death—Name, first, the DISWASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonaeum, etc.. Carcin-

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WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD V. S. No. 1.

BINDING

MARGIN RESERVED FOR

	1 PLACE OF DEATH	STATE OF MARYLAND
Coun	Tueen anne 21910	CERTIFICATE OF DEATH
:		Registration Dist. No. 2J-2
Villag	go or City Ceutswelle (No.	St; Ward) [If death eccurred in a hospital or institution,
	2 FULL NAME Miss Joa &c	ellevee give its NAME instead of street and number.]
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 85	x 4 COLOR OR RACE 5 SINGLE, MARRIED, WIDOWED OR DIVORCED (Write the word)	16 DATE OF DEATH Dec. W, 1915 (Month) (Day) (Year
6 DA	TE OF BIRTH law 27 1958	HEREBY CERTIFY, That I attended deceased from the second s
	(Month) (Day) (Year)	that I last saw have alive on Dec 24 , 191
7 AG	E If LESS than 1 day, hrs.	and that death occurred on the date stated above, at
	yrs. 10 mos. 29 ds. OR min.?	The CAUSE OF DEATH * was as follows:
par	CCUPATION) Trade, profession, or dicular kind of work	Meete Groconia
bus) General nature of lodustry siness, or establishment in ch employed (or employer)	(Duration) yrs. moe.
9 81	(State or country) Centreville Md.	Contributory Secondary
10	10 NAME OF Saml. E. Sullivan	(Signed) It I Where M
PARENTS	11 BIRTHPLACE OF FATHER (State or country) 12 WORLD TO THE PROPERTY OF THE PRO	*State the DIMEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (I) MEANS OF INJURY; and (2) whether ACCIOENTAL, SUICIDAL OF HOMICIDAL.
PAF	of MOTHER Margaret E. Shewbrooks	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIEN
	13 BIRTHPLACE OF MOTHER (State or country) (State or country)	At place In the state, mas, ds. State, yre mios,
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant) Mrs. E.S. Holls		Where was disease contracted, If not at place of death?
		Former or usual residence
	(Address) Centreville, Md.	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
16	Dec 28 mi Part Madrino	20 UNDERTAKER ADDRESS
File	, 191	

[Approved by U. S. Census and American Public Health Association.]

employed, as At school or At home. Care should be -Coal mine, etc. Women at home, who are engaged in the duties of the household only (not paid Housekeepers write None. business, that fact may be indicated thus: Farmer (retired state occupation at beginning of illness. or given up on account of the DISEASE CAUSING DEATH, Housemaid, etc. If the occupation has been changed engaged in domestic service for wages, as Servant, Cook, taken to report specifically the occupations of persons wife, Housework, or At Home, and children, not gainfully who receive a definite salary), may be entered as Houseonly when needed. As examples: (a) Spinner, (b) Cotton applies to each and every person, irrespective of age. precise specification as Day laborer, Farm laborer, Laborer "Foreman," "Manager," "Dealer," etc., without more mobile factory. mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Autois provided for the latter statement; it should be used business or industry, and therefore an additional line know (a) the kind of work and also (b) the nature of the especially in industrial employments, it is necessary to cian, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc. But in many cases, first line will be sufficient, e. g., Farmer or Planter, Physi-For many occupations a single word or term on the ness of various pursuits can be known. The question tion is very important, so that the relative healthful-Statement of Occupation-Precise statement of occupabile factory. The material worked on may form part the second statement. Never return "Laborer," For persons who have no occupation whatever, If retired from

Statement of Cause of Death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia," neumonia, Bronchopneumonia of lungs, menin-unqualified, is indefinite); Tuberculosis of lungs, menin-

on statement of cause of death approved by Committee under the head of "Contributory." (Recommendations suicide. The nature of the injury, as fracture of skull, head-homicide; Poisoned by carbolic acid-probably mus," "Old Age," "Shock," "Uracmia," "Weakness," "An.ıemia" (merely symptomatie), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Conon Nomenclature of the American Medical Association.) and consequences (e. g., sepsis, telanus) may be stated Struck by railway train-accident; Revolver to determine definitely. Examples: Accidental drowning; SUICIDAL, or HOMICIDAL, or as probably such, if impossible state MEANS OF INJURY and qualify as ACCIDENTAL, surgical operation was undertaken. For violent deaths "PUERPERAL peritonitis," etc. birth or miscarriage as "Puerperal septichaemia," cause. Always qualify all diseases resulting from childctc., when a definite disease can be ascertained as the "Heart failure," "Haemorrhage," "Inanition," "Marasgenital," symptoms or terminal conditions, such as "Asthenia," chopneumonia (secondary), 10 ds. Example: Measles (disease causing death), 29 ds.; Bronrent) affection need not be stated unless important cough; Chronic valvular heart discase; Chronic interstitial "Tumor" for malignant neoplasms); Measles; Whooping ges, peritonaeum, etc., Carcinoma, Sarcoma, etc., of (name origin; "Cancer" is less definite; avoid use of "Senile," etc.), "Dropsy," The contributory (secondary or intercur-State cause for which Never report mere "Exhaustion," wound of



PERMANENT BINDING 4 IS FOR INK-THIS RESERVED UNFADING MARGIN AINLY, ۵,

No.

N. B.-

state PHYSICIANS should of OCCUPATION is RECORD PERSONAL AND STATISTICAL PARTICULARS EXACTLY. 3 SEX 4 COLOR OR RACE 5 SINGLE, MARRIED. married WIOOWED, (Write the word) 6 DATE OF BIRTH (Month) (Day (Year) TAGE It LESS than pinous t day,.....hrs. OR 7 properly AGE BOCCUPATION (a) Trade, profession, or particular kind of work. supplied. pe (b) General nature of Industry, business, or establishment in may which employed (or employer) certificate. 9 BIRTHPLACE (State or country) that 10 NAME OF FATHER 80 jo back 11 BIRTHPLACE terms, PARENT pino OF FATHER (State or country) 0 12 MAIDEN NAME plain See Instructions OF MOTHER of Information 5 13 BIRTHPLACE OF MOTHER (State or country) DEATH 14 THE ABOVE IS TRUE KNOWLEDGE CAUSE OF Important. (Address'

1 PLACE OF DEATH

STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No.

St.;-...Ward)

Ilt death occurred in a hospital or institution, give its NAME Instead ot street and number.]

MEDICA	L CERTIFICATE	OF DEATH	
16 DATE OF DEATH	Bruke	16	101 V
	(Month)	(Day	, 191 (Year)
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Det Ola	191 J to	8116	190
/ \	100	111	^
that I last saw hell a	ilive on	I. f	, 191 <u>.V.</u>
and that death occurred	on the date sta	ted above, at	m
The CAUSE OF DEATH	* was as follows	s: , /	1.0
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		***************************************	5
		0000000000000000000000000000000000000	
)	11	1/
	(Duration)	yrs.	os. ds
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Secondary		/	
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(Signed) Dottu	COLL ST	Hear HOLD	M. D.
191	(Address)	024.260	10
	()		
*State the DISEASE CAUSES, state (1) ME TAL, SUICIDAL, OF HOM	CAUSING DEATH, ANS OF INJURY; ICIDAL.	and (2) whether	om Violent
18 LENGTH OF RESIDER	CE (FOR HOSPITA	LS, INSTITUTIONS,	TRANSIENTS
At place	In th		
of death yrs mo:		le yrs, r	nos ds
Where was disease contracted, it not at place of death?			
Former or			******
usual residence	*** **** 0.000 0		
19 PLACE OF BURIAL O	RREMOVAL	DATE OF BU	JRIAL
Old Church	Church 141	10 ec 19	191.5
20 UNDERTAKER	A TANK	ADDRESS	`
Jim Id &	arved	Church	Inll

REGISTRAR

[Approved by U. S. Census and American Public Health Association.]

who have no occupation whatever, write None. cated thus: causing death, state occupation at beginning of ill-Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not duties of the household only (not paid Housekcepers minc, etc. "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. The additional line is provided for the latter statement; Physician, Compositor, Architect, Locomotive engineer, applies to each and every person, irrespective of age. ness of various pursuits can be known. The question been changed or given up on account of the disease who receive a definite salary), may be entered as fication as Day laborer, Farm laborer, Laborer-Coal it should be used only when needed. As examples: the nature of the business or industry, and therefore an essary to know cases, especially in industrial employments, it is nec-Civil engineer, Stationary fireman, etc. But in many first line will be sufficient, e. g., tion is very important, so that the relative healthful-(a) Spinner, (b) Cotton mill; (a) Salesman, For many occupations a single word or term on the Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never Farmer (retired 6 yrs.) For persons (a) the kind of work and also (b) return "Laborer," Farmer or Planter, "Foreman,"

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculesis of lungs, meninges, peritonaeum, etc., Carcin-

injury, as fracture of skull, and consequences (e. g., mia," "PUERPERAL peritonitis," etc. State cause for childbirth or miscarriage as "Puerperal septichaemus," "Old Agc," "Shock," "Uraemia," "Weakness," ample: Measles (disease causing death), 29 ds.; valvular heart disease; Chronic interstitial nephritis, nant neoplasms); Measles; Whooping cough; Chronic cer" is less definite; avoid use of "Tumor" for maligoma, Sarcoma, etc., of..... (name origin; "Canture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." by earbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Aecidental drowning; Struck by railway train-aeeisuch, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. For vioetc., when a definite disease can be ascertained as the "Heart failure," "Haemorrhage," "Inanition," "Marasgenital," "Senile," etc.), "Dropsy," "Exhaustion," "Collapse," "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. Never report affection need not be stated unless important. The contributory tetanus) may be stated under the head Always qualify all diseases resulting from (Recommendations on statement of (secondary or intercurrent)



.-Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD BINDING FOR RESERVED MARGIN V. S. No. 1.

Z.B.

1 PLACE OF DEATH

County Queen Classe Village or City Classe 2 FULL NAME An	es 21018 les (No. ,	CERTIFICATE O Registration Di St.; Ward)	St. No. 2/5 [If death occurred in a hospital or institution, give its NAME instead of street and number]
PERSONAL AND STATIS	TICAL PARTICULARS	MEDICAL CERTIFICATE	OF DEATH
Emale Hule	5 SINGLE, MARRIED, Mdow OR DIVORCED (Write the word)	(Month) I HEREBY CERTIFY, That Lat	2 7 , 1910 (Year) tended deceased from
6 DATE OF BIRTH	(th) (Day) (Year)	that I last saw h W alive on DE	e 27, 1918,
7 AGE 73 yrs. 10	mos 9/ ds. or min.?	and that death occurred on the date store the CAUSE OF DEATH * was as followers.	
(a) Trade, profession, or particular kind of work (b) General nature of industry business, or establishment in which employed (or employer)	se vife		yrs
9 BIRTHPLACE	land	Contributory Secondary (Burailon)	yrsdsds.
10 NAME OF FATHER LOCKON 11 BIRTHPLACE OF FATHER (State or country) 12 MAIDEN NAME OF MOTHER 14 MAIDEN NAME OF MOTHER 15 MAIDEN NAME OF MOTHER 16 MAIDEN NAME OF MOTHER 17 MAIDEN NAME OF MOTHER 18 MAIDEN NAME OF MOTHER 18 MAIDEN NAME OF MOTHER 19 MAIDEN NAME OF MOTHER 10 NAME OF MOTHER 11 BIRTHPLACE OF MOTHER 12 MAIDEN NAME OF MOTHER 13 MAIDEN NAME OF MOTHER 14 MAIDEN NAME OF MOTHER 15 MAIDEN NAME OF MOTHER 16 MAIDEN NAME OF MOTHER 17 MAIDEN NAME OF MOTHER 18 MAIDEN NAME OF MOTHER 18 MAIDEN NAME OF MOTHER 18 MAIDEN NAME OF MOTHER 19 MAIDEN NAME OF MOTHER 19 MAIDEN NAME OF MOTHER 10 MAIDEN NAME OF MOTHER 11 MAIDEN NAME OF MOTHER 11 MAIDEN NAME OF MOTHER 12 MAIDEN NAME OF MOTHER 13 MAIDEN NAME OF MOTHER 14 MAIDEN NAME OF MOTHER 15 MAIDEN NAME OF MOTHER 16 MAIDEN NAME OF MOTHER 17 MAIDEN NAME OF MOTHER 18 MAIDE	v Legg	(Signed)	www. M. O. Weese Tand
13 BIRTHPLACE OF MOTHER (State or country)	known	18 LENGTH OF RESIDENCE (FOR HOSPITALS, OR RECENT RESIDENTS) All place of deeth yre. mos. ds. State Where wes disease contracted,	INSTITUTIONS, TRANSCENTS.
(Informant) Maggie	Marvel	if not al place of death?	
(Address) Che 15 Filed Dec 28, 1915 F	C. Thomas Dr.	19 PLACE OF BURIAL OR REMOVAL NEAS Chester med, 20 UNDERTAKER TRANK C. Thomas	DEC 29, 1910 ADDRESS
If more blanks	1000 EL	16 W. Saratoga St., Balto., Requesting V. S. No.	

[Approved by U. S. Census and American Public Health Association.]

write None. business, that fact may be indicated thus: Farmer (retired engaged in domestic service for wages, as Servant, Cook, state occupation at beginning of illness. or given up on account of the disease causing death, Housemaid, etc. If the occupation has been changed taken to report specifically the occupations of persons employed, as At school or At home. Care should be wife, Housework, or At Home, and children, not gainfully who receive a definite salary), may be entered as Housethe duties of the household only (not paid Housekeepers precise specification as Day laborer, Farm laborer, Laborer of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more mill; (a) Salesman, (b) Grocery; (a) Foreman, mobile factory. only when needed. As examples: (a) Spinner, (b) Cotton is provided for the latter statement; it should be used business or industry, and therefore an additional line know (a) the kind of work and also (b) the nature of the especially in industrial employments, it is necessary to engineer, Stationary fireman, etc. But in many cases, cian, Compositor, Architect, first line will be sufficient, e. g., Farmer or Planter, Physician, Compositor, Architect, Locomotive engineer, Civil applies to each and every person, irrespective ness of various pursuits can be known. The question For many occupations a single word or term on the Statement of Occupation-Precise statement of occupa-Coal mine, etc. very important, so that the relative healthful-For persons who have no occupation whatever, The material worked on may form part Women at home, who are engaged in If retired from (b) Auto-

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on statement of eause of death approved by Committee and consequences (e. g., sepsis, telanus) may be stated suicide. The nature of the injury, as fracture of skull on Nomenclature of the American Medical Association.) under the head of "Contributory." head-homicide; Poisoned by carbolic acid-probably Struck by railway train-aecident; Revolver to determine definitely. Examples: Accidental drowning: SUICIDAL, OF HOMICIDAL, or as probably such, if inpossible state MEANS OF INJURY and qualify as ACCIDENTAL, surgical operation was undertaken. For violent deaths "Puerperal peritonitis," etc. birth or miscarriage as "Purhpehal septichaemia," etc., when a definite disease can be ascertained as the mus," "Old Age," "Shoek," "Uracmia," "Weakness, "Anaemia" (merely symptomatic), "Atrophy, "Conventions," "Debility" ("Conges, peritonaeum, etc., Carcinoma, Sarcoma, etc., of........ (name origin; "Cancer" is less definite; avoid use of cause. Always qualify all diseases resulting from child-"Heart failure," "Haemorrhage," "Inanition," "Marasgenital," "Senile," etc.), "Dropsy," "Exhaustion." symptoms or terminal conditions, such as "Asthenia," chopneumonia (secondary), 10 ds. Example: Measles (disease causing death), 29 ds.; Braurent) affection need not be stated unless important cough; Chronic valvular heart disease; Chronic interstitial "Tumor" for malignant neoplasms); Measles; Whooping The contributory (secondary or intercur-State cause for which Never report mere (Recommendations wound



Coun	place of Death ty Green dunch 21919 ge or City Chester (No.	STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No. 25	3 courred in
	2 FULL NAME Charles Wy	a hospital or i give its NAM of street and	E instea
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH	
3 SE	Wale Color or RACE MARRIED, WIDOWED OR DIVORCE OF DIVORCE OF WITH the word	(Month) (Day) 17 HEREBY CERTIFY, That I attended decease	, 191 (Yea
6 DA	TE OF BIRTH 17 , 1875	that I last saw halive on	, 191.
7 AG	Yo yrs. 8 mos. 6 ds. or min.?	and that death occurred on the date stated above, at The CAUSE OF DEATH * was as follows:	
par (b	OCCUPATION OF Tribular kind of work Of General nature of Industry Siness, or establishment in	(Quratton) yrs. moo	Щ
whi	ich employed (or employer)		3
RENTS	10 NAME OF FATHER CENTRY 11 BIRTHPLACE OF FATHER (State or country) 12 MAIDEN NAME OF	(Signed) (Address) (Address) (Address) (Signed) (Si	S
PA	OF MOTHER WORK Saudy 13 BIRTHPLACE OF MOTHER (State or country) HE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	OR RECENT RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TO OR RECENT RESIDENTS) At place In the of deeth	
	(Antomath) Men White (Address) Boltomd	Former or usual residence	IAL
15 File	DEC 23, 1910 - F. C. Thomas Jo Local REGISTRAN	20 UNDERTAKER J. L. Thomas Jevins	vil
	If more blanks are needed, address State Registrar,	16 W. Saratoga St., Balto., Requesting V. S. No. 1.	7

[Approved by U. S. Consus and American Public Health Association.]

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on statement of cause of death approved by Committee mus," under the head of "Contributory." (Recommendations and consequences (e. g., sepsis, tetanus) may be stated suicide. The nature of the injury, as fracture of skull head-homicide; Poisoned by carbolic acid-probably on Nomenclature of the American Medical Association.) Struck by railway train-occident; Revolver wound of to determine definitely. Examples: Accidental drowning. SUICIDAL, or HOMICIDAL, or as probably such, if impossible state MEANS OF INJURY and qualify as ACCIDENTAL, surgical operation was undertaken. For violent deaths birth or miscarriage as "Puerpeaal septichamia," "Puerpeaal peritonilis," etc. State cause for which cause. Always qualify all diseases resulting from childctc., when a definite disease can be ascertained as the genital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Hecmorrhage," "Inanition," "Maras-"Anaenia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Consymptoms or terminal conditions, such as "Asthenia," chopneumonia Example: Meastes (disease eausing death), 29 ds.; Bronrent) affection need not be stated unless important. nephritis, etc. cough; Chronic valvular heart disease; Chronic interstitiat "Tumor" for malignant neoplasms); Measles; "Old Age," "Shock," "Uracuia," "Weakness, (secondary), 10 ds. Never report mere The contributory (secondary or intercur-State cause for which Whaoping



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WRITE PLAINLY, WITH

of information should be

CAUSE OF important.

N.B.

of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very

See instructions on back of certificate.

V. S. No. 1.

1 PLACE OF DEATH

21920

Dundlune



STATE OF MARYLAND CERTIFICATE OF DEATH

	Registration Dist, No. 204
Village or City Carmolael (No	St.; Ward) [If death occurred in a hospital or lostitution, give its NAME instead of street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE 5 SINGLE. MARRIED, WIDOWED, ORDIVORCED (Write the word)	16 DATE OF DEATH OCC / 1915 (Month) Day (Year)
S DATE OF BIRTH Sep 23, 1912 (Month) (Day (Year)	that I last saw has alive on 1915.
7 AGE 3 yrs mos 2 ds or min.?	and that death occurred on the date stated above, at 3 m, The CAUSE OF DEATH * was as follows: Pulmonung Judier and one
(a) Trade, profession, or Check of particular kind of work. (b) General nature of industry, business, or establishment in which employed (or employer) 9 BIRTHPLACE (State or country)	(Duration) yrs 3 mos ds. Contributory A Tulur Secondary
10 NAME OF FATHER John Frank Wright 11 BIRTHPLACE OF FATHER (State of equintry) 12 MAIDEN NAME OF MOTHER OF MOTHER	(Signed) (Deration) yrs mos ds. (Signed) (Address) (But of the first of the control of the cont
13 BIRTHPLACE OF MOTHER (State or country) 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) At place Io the of death yrs, mos ds. Where was disease contracted, If not at place of death?
(Address) Carny charl 15 Filed Dee / 1915 - Mellownon	19 PLACE OF BURIAL ORREMOVAL LOUMISHIAL M. DATE OF BURIAL 20 UNDERTAKER 20 UNDERTAKER 20 UNDERTAKER 20 UNDERTAKER 20 UNDERTAKER

[Approved by U. S. Census and American Public Health Association.]

who have no occupation whatever, write None. cated thus: Farmer (retired 6 yrs.) For persons CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the disease Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers mine, etc. fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. it should be used only when needed. As examples: additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthful-(a) Spinner, (b) Cotton mill; (a) Salesman, For many occupations a single word or term on the Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," "Foreman," The (4)

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